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(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Sec Division of Cor			
SUBJECT:	Name of Lim	he-les Fel	11ev 11 c
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
	Daniel	Name of Person	
 -		Firm/Company	
	3604 W	16 th ST Address	
	Pen: n	na (, Ly F ity/State and Zip Gode	1 32401
	E-mail address: (to be used	for future annual report notificati	on)
For turther information co	ncerning this matter, please	call:	
Chery	de of Person Ar	727) 560 3 rea Code Daytime Telephon	©≥7 e Number
Enclosed is a check for t	he following amount:		
□\$125.00 Filling Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filmg Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address Filing Section	Street Address New Filing Section D	vision

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

New Filing Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

FILED

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SECRETARY OF FIRELY AND A PROBLEM OF THE PROBLEM OF TH

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ART	IC	LE	1 -	. Na	me:
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The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3604 w 16 th ST

Paramon C. 4 F.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Deniel Felle/

Tocy w/6 46 ST
Florida street address (P.O. Box NOT acceptable)

P.,22,776 (14, 1=1 32401
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 APR 19 PM 12: 16

FILED

<u>itle:</u> AMBR" = Authorized Member MGR" = Manager	Name and Address:
Monegal	Doniel Feler 30511 w/6 th ST-1 5240/
Use attachment if necessary)	
tive date is listed, the date must be filing.)	date of filing:
1	AMBR" = Authorized Member MGR" = Manager Jene 9 2 Jene 9 2 Jene 1 2 Jene 1 2 Jene 2 2 Jene

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF PIATE TALLAHASSEE